Approved for use through 7/31/2006, CMB 0651-0032 U.S. Palent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

<u>Uni</u>	PAT	ENT APPLIC	MOTTAS	persons are requi I FEE DETE ute for Form PT	RMINATIO	N RECORD tive December 8.		Apola	10 708	94/
APPLICATION AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY		OR	OTHER THAN OR SMALL ENTITY	
	FOR	NUME	NUMBER FILED		NUMBER EXTRA		FEE (1)		RATE (\$)	FEE (\$)
ASIC FEE 27 CFR 1 18(4) (b) 0 (c))			NA		NIA		150.00		NVA .	300.00
SEARCH FEE 37 CFR 1 16(N. (4. or (m))			NA		NIA		\$250	·.	· N/A	\$500
EXAMINATION FEE			NA		N/A		\$100		N/A	\$200
TOTAL CLAIMS			minus 20 e					OR	X\$50 .	
NOEPENDENT CLAIMS		IMS	minus 3 =			X100 .		1	X200 .	<u> </u>
	FR 1 16(N))	If the spi	If the specification and drawings exceed 100							
	LICATION SIZE	sheets o	sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each							<b>.</b>
7 (	FR 1 16(4))	additiona	1 50 shee	ts or fraction the	ereof. See		•		ŀ	Ī
_				)(G) and 37 CFI	K 1.10(3).	+180=		·	+360=	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1 16(1))  If the difference in column 1 is less than zero, enter "O" in column 2.						TOTAL			TOTAL .	
f t			•		٤.	1012				
	APPL	ICATION AS	AMEND	ED - PART II		•				
	(Column 1) (Column 2) (Column 3)					JAME	NTITY .	OR	OTHER	
7	1/6	CLAIMS	Ţ.	HIGHEST	PRESENT	Town V	ADDI-	]	RATE (S)	ADDI-
<	U0 V6 3	REMAINING AFTER	1	NUMBER PREVIOUSLY	EXTRA	RATE (\$)	TIONAL		1	TIONAL
AINICINCINICIN I	ν -	AMENDMENT	Minus	PAID FOR		Y2 05	REE (S)		X\$50 _	FEE (5)
	Total or CFR LINIS	9/	ļ	<u> </u>	4	X\$ 25 .		OR .		<del>\</del>
)	Independent OF CFR LIGHT	5	Minus	··· }_	<u> </u>	X100 _	$\overline{}$	<b>O</b> R	X200 _	
	Application Size Fee (37 CFR 1.16(s))							1		<del></del>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(1))					+180=		OR	+360=		
_					•	TOTAL ADD'L FEE		∂ <sub>R</sub>	TOTAL ADD'L FEE	
							•	•	•	,
_		(Column 1) CLAIMS		(Column 2)	(Column 3)	<u> </u>	<del></del>	1 `		
۵		REMAINING		NUMBER	PRESENT EXTRA	RATE (S)	ADDI- TIONAL		RATE (\$)	ADOI- TIONAL
		AFTER.	*:	PREVIOUSLY PAID FOR	EXIIVA		FEE (\$)	·	<u> </u>	· FEE (\$)
	Total or cfr Lia(i)	•	Minus	44	<b>1</b> .	X\$ 25 .		OR.	X\$50 -	
	Independent (37 CFR 1.18(h))	•	Minus	•••	e	X100 .		OR ·	X200 .	
ı	Application Size Fee (37 CFR 1.16(s))							1		
₹ I	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(1))					+180=		OR	+360=	
AMENDMEN	HK21 MESEUI	· · · · · · · · · · · · · · · · · · ·								

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

In the regress number previously raid for (total or independent) is the highest number round in the appropriate box in course 1.

is collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete buding gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient 1 Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS DRESS. SEND TO: Commissioner for Patients, P.O. Box 1460, Alexandria, VA 22313-1460.